MAR 1 3 2006 O

| AMENDMENT TRANSMITTAL LETTER   |                                 |                              |                                   |               | Docket No.<br>108298612US |
|--|---------------------------------|------------------------------|-----------------------------------|---------------|---------------------------|
| Application No.  |                                 | Filing Date                  |                                   | Examiner      | Art Unit                  |
| 09/828,446-Conf. #6899   |                                 | April 5, 2001                |                                   | D. W. Ruhl    | 3629                      |
| Applicant(s): Von  | Fagan                           |                              |                                   |               |                           |
| Invention: LEASE   | ARRANGEME                       | ENTS FOR PR                  | OVIDING CO                        | MPUTER EQUIPM | ENT                       |
| TO THE COMMISSIONER FOR PATENTS  |                                 |                              |                                   |               |                           |
| Transmitted herewith is an amendment in the above-identified application.                              |                                 |                              |                                   |               |                           |
| The fee has been calculated and is transmitted as shown below.   |                                 |                              |                                   |               |                           |
| CLAIMS AS AMENDED Claims Highest   |                                 |                              |                                   |               |                           |
|  | Remaining<br>After<br>Amendment | Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate          |                           |
| Total Claims   | 25                              | - 33 =                       |                                   | Х             |                           |
| Independent<br>Claims  | 5                               | - 8 =                        |                                   | x             |                           |
| Multiple Dependent Claims (check if applicable)  |                                 |                              |                                   |               |                           |
| Other fee (please specify): Request for Continued Examination Petition for One-Month Extension of Time |                                 |                              |                                   |               | 790.00<br>120.00          |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:   |                                 |                              |                                   |               | 910.00                    |
| x Large Entity Small Entity  |                                 |                              |                                   |               |                           |
| No additional fee is required for this amendment.  |                                 |                              |                                   |               |                           |
| Please charge Deposit Account No in the amount of \$   |                                 |                              |                                   |               |                           |
| A duplicate copy of this sheet is enclosed.  |                                 |                              |                                   |               |                           |
| A check in the amount of \$ 910.00 to cover the filing fee is enclosed.                                |                                 |                              |                                   |               |                           |
| Payment by credit card. Form PTO-2038 is attached.   |                                 |                              |                                   |               |                           |
| The Director is hereby authorized to charge and credit Deposit Account No                              |                                 |                              |                                   |               |                           |
| x Credit any overpayment.  |                                 |                              |                                   |               |                           |
| x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.     |                                 |                              |                                   |               |                           |
|  |                                 |                              |                                   | Dated:        | March 13, 2006            |
| John M. Wechk<br>Attorney/Agent  |                                 | 216                          |                                   |               |                           |
| PERKINS COIE   | ELLP                            |                              |                                   |               |                           |
| P.O. Box 1247 Seattle, Washington 98111-1247   |                                 |                              |                                   |               |                           |
| (206) 359-8000   |                                 |                              |                                   |               |                           |
|  |                                 |                              |                                   |               |                           |
|  |                                 |                              |                                   |               |                           |
|  |                                 |                              |                                   |               |                           |